

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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ALC 222035

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U <u>22021</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2003</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>DANIEL S. KOLOD</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1870 E 19th</u> City <u>CLEVELAND</u> State <u>OHIO</u> ZIP Code + 4 <u>44114</u>	4. Name, file number, and address of labor organization. Name <u>BCTGM LOCAL #19</u> Labor Organization File Number <u>022-363</u> P.O. Box, Building and Room Number, if any _____ Street <u>1870 EAST 19 ST</u> City <u>Cleveland</u> State <u>OH</u> ZIP Code + 4 <u>44114</u>
5. Position in labor organization. <u>Recording Secretary</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade names, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7. a. Nature of Interest, Transaction, or Income. <u>NONE</u> 7. b. Amount. <u>0</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Daniel S. Kolod

On

8-15-05

Date

216-776-5386

Telephone Number

Name of Person Filing

DANIEL S. KOLAR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BAKER'S LOCAL 19 CER FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E. 19 STCity ClevelandState OH ZIP Code + 4 44114

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CBAT PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E. 19 STCity ClevelandState OH ZIP Code + 4 44114

11.a. Nature of such dealing.

TAFT-HARTLEY FUND THAT I PARTICIPATE IN.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

DINNER FOR STAFF AT TRUST SPONSORED EVENT OUT OF TOWN.

12.b. Amount.

39.46

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

NONE13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

0

Name of Person Filing

DANIEL S. KOLARIC

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: BAKER'S LOCAL 19 CER FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street: 1870 E. 19 ST

City: CLEVELAND

State: OH

ZIP Code + 4: 44114

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: CB&T PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street: 1870 E. 19 ST

City: CLEVELAND

State: OH

ZIP Code + 4: 44114

11.a. Nature of such dealing

TAFT-HARTLEY FUND THAT I PARTICIPATE IN

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

POST-HOLIDAY LUNCHEON MEETING

12.b. Amount.

95.54

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street:

City:

State:

ZIP Code + 4:

14.a. Nature of payment.

None

13.b. Is the Business an Employer ☐or Consultant ☐ ?

14.b. Amount of payment.

0

Name of Person Filing DANIEL S. KOLAR	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **INDEPENDENT FINANCIAL SERVICES**
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any **Suite 120**
Street **805 15th St N.W.**
City **Washington, DC**
State _____ ZIP Code + 4 **20005**

9. Business deals with: **TRUST**

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **CB&T HOWARD PENSION FUNDS**
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any _____
Street **1870 E 19th**
City **Cleveland**
State **OH** ZIP Code + 4 **44114**

11.a. Nature of such dealing.

INVESTMENT ADVISOR

11.b. Approximate dollar value of such dealing.

122,693

12.a. Nature of interest held or income received.

**MEAL, LUNCH, AND ACTIVITIES
SPONSORED BY CLIENT
CONFERENCE**

12.b. Amount.

661.70

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14.a. Nature of payment.

NONE

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

0

Name of Person Filing DANIEL S. KOLAR File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CBT PENSION FUND

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street 1870 E. 19 ST

City Cleveland

State OH ZIP Code + 4 44114

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CBT PENSION FUND

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street 1870 EAST 19 ST

City Cleveland

State OH ZIP Code + 4 44114

11.a. Nature of such dealing.

PENSION TRUST
EMPLOYER OF FUND

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

NET PER DIEM EXPENSES
WHILE ATTENDING NATIONAL
LABOR MANAGEMENT CONFERENCE

12.b. Amount.

811.92

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

None

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

0

Name of Person Filing

DANIEL S. KOLAR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BAIRD ASSET

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 777 EAST WISCONSIN AVE

City MILWAUKEE

State WI

ZIP Code + 4 53202

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CB&T PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E. 19 ST

City CLEVELAND

State OH

ZIP Code + 4 44114

11.a. Nature of such dealing.

INVESTMENT MGR.

11.b. Approximate dollar value of such dealing.

76,320

12.a. Nature of interest held or income received.

VENDOR SPONSORED DINNER
AND DISCUSSION.

12.b. Amount.

175.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

None

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

0

Name of Person Filing <u>DANIEL S. KOLAR</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CBQT PENSION FUND

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 1870 E 19 ST

City CLEVELAND

State OH ZIP Code + 4 44114

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CBQT PENSION FUND

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 1870 E 19 ST

City CLEVELAND

State OH ZIP Code + 4 44114

11.a. Nature of such dealing.

EMPLOYEE OF THE FUND

11.b. Approximate dollar value of such dealing. _____

12.a. Nature of interest held or income received.

FUND SPONSORED HOLIDAY LUNCHEON.

12.b. Amount.

139.86

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

NONE

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

0

Name of Person Filing

DANIEL S KOVAC

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CBPT PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E 19 ST

City CLEVELAND

State OH

ZIP Code + 4 44114

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CBPT PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E 19 ST

City CLEVELAND

State OH

ZIP Code + 4 44114

11.a. Nature of such dealing.

Employee of PENSION FUND

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REGISTRATION FEE FOR 2005
IFEBP CONFERENCE

12.b. Amount.

960.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

None

13.b. Is the Business an Employer ☐or Consultant ☒ ?

14.b. Amount of payment.

0

Name of Person Filing

DANIEL S. KOLME

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CBAT PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E 19 ST

City CLEVELAND

State OH ZIP Code + 4 44114

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CBAT PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1870 E 19 ST

City CLEVELAND

State OH ZIP Code + 4 44114

11.a. Nature of such dealing.

EMPLOYEE OF PENSION FUND

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REGISTRATION FEE FOR 2005 NLG CONFERENCE

12.b. Amount.

795.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

None

14.b. Amount of payment.

13.b. Is the Business an Employer ☐or Consultant ☐ ?